

Washington State Child Support Schedule

Worksheets (CSW)

Mother _____ Father _____

County _____ Superior Court Case Number _____

Children and Ages:			
Part I: Basic Child Support Obligation (See Instructions, Page 5)			
1. Gross Monthly Income	Father		Mother
a. Wages and Salaries	\$	\$	
b. Interest and Dividend Income	\$	\$	
c. Business Income	\$	\$	
d. Spousal Maintenance Received	\$	\$	
e. Other Income	\$	\$	
f. Total Gross Monthly Income (add lines 1a through 1e)	\$	\$	
2. Monthly Deductions from Gross Income			
a. Income Taxes (Federal and State)	\$	\$	
b. FICA (Soc.Sec.+Medicare)/Self-Employment Taxes	\$	\$	
c. State Industrial Insurance Deductions	\$	\$	
d. Mandatory Union/Professional Dues	\$	\$	
e. Pension Plan Payments	\$	\$	
f. Spousal Maintenance Paid	\$	\$	
g. Normal Business Expenses	\$	\$	
h. Total Deductions from Gross Income (add lines 2a through 2g)	\$	\$	
3. Monthly Net Income (line 1f minus 2h)	\$	\$	
4. Combined Monthly Net Income (add father's and mother's monthly net incomes from line 3) (If combined monthly net income is less than \$600, skip to line 7.)		\$	
5. Basic Child Support Obligation (enter total amount in box ----->) Child #1 _____ Child #3 _____ Child #2 _____ Child #4 _____		\$	
	Father		Mother

6. Proportional Share of Income (each parent's net income from line 3 divided by line 4)				
7. Each Parent's Basic Child Support Obligation (multiply each number on line 6 by line 5) (If combined net monthly income on line 4 is less than \$600, enter each parent's support obligation of \$25 per child. Number of children: _____ . Skip to line 15a and enter this amount.)	\$		\$	
Part II: Health Care, Day Care, and Special Child Rearing Expenses (See Instructions, Page 7)				
8. Health Care Expenses				
a. Monthly Health Insurance Premiums Paid for Child(ren)	\$		\$	
b. Uninsured Monthly Health Care Expenses Paid for Child(ren)	\$		\$	
c. Total Monthly Health Care Expenses (line 8a plus line 8b)	\$		\$	
d. Combined Monthly Health Care Expenses (add father's and mother's totals from line 8c)		\$		
e. Maximum Ordinary Monthly Health Care (multiply line 5 times .05)		\$		
f. Extraordinary Monthly Health Care Expenses (line 8d minus line 8e., if "0" or negative, enter "0")		\$		
9. Day Care and Special Child Rearing Expenses				
a. Day Care Expenses	\$		\$	
b. Education Expenses	\$		\$	
c. Long Distance Transportation Expenses	\$		\$	
d. Other Special Expenses (describe)	\$		\$	
	\$		\$	
	\$		\$	
e. Total Day Care and Special Expenses (Add lines 9a through 9d)	\$		\$	
10. Combined Monthly Total Day Care and Special Expenses (add father's and mother's day care and special expenses from line 9e)		\$		
11. Total Extraordinary Health Care, Day Care, and Special Expenses (line 8f plus line 10)		\$		
12. Each Parent's Obligation for Extraordinary Health Care, Day Care, and Special Expenses (multiply each number on line 6 by line 11)	\$		\$	
Part III: Gross Child Support Obligation				
13. Gross Child Support Obligation (line 7 plus line 12)	\$		\$	
Part IV: Child Support Credits (See Instructions, Page 7)				
14. Child Support Credits				
a. Monthly Health Care Expenses Credit	\$		\$	
b. Day Care and Special Expenses Credit	\$		\$	
c. Other Ordinary Expenses Credit (describe)				
	\$		\$	
d. Total Support Credits (add lines 14a through 14c)	\$		\$	
Part V: Standard Calculation/Presumptive Transfer Payment (See Instructions, Page 8)				
15. Standard Calculation	Father		Mother	
a. Amount from line 7 if line 4 is below \$600. Skip to Part VI.	\$		\$	
b. Line 13 minus line 14d, if line 4 is over \$600 (see below if appl.)	\$		\$	
Limitation standards adjustments	\$		\$	
c. Amount on line 15b adjusted to meet 45% net income limitation	\$		\$	
d. Amount on line 15b adjusted to meet need standard limitation	\$		\$	

e. Enter the lowest amount of lines 15b, 15c or 15d:	\$	\$
Part VI: Additional Factors for Consideration (See Instructions, Page 8)		
16. Household Assets (List the estimated present value of all major household assets.)	Father's Household	Mother's Household
a. Real Estate	\$	\$
b. Stocks and Bonds	\$	\$
c. Vehicles	\$	\$
d. Boats	\$	\$
e. Pensions/IRAs/Bank Accounts	\$	\$
f. Cash	\$	\$
g. Insurance Plans	\$	\$
h. Other (describe)	\$	\$
	\$	\$
	\$	\$
17. Household Debt (List liens against household assets, extraordinary debt.)		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
18. Other Household Income		
a. Income Of Current Spouse (if not the other parent of this action) Name _____ Name _____	\$ \$	\$ \$
b. Income Of Other Adults In Household Name _____ Name _____	\$ \$	\$ \$
c. Income Of Children (if considered extraordinary) Name _____ Name _____	\$ \$	\$ \$
d. Income From Child Support Name _____ Name _____	\$ \$	\$ \$
Other Household Income (continued)	Father's Household	Mother's Household

e. Income From Assistance Programs Program	\$	\$
Program	\$	\$
f. Other Income (describe)	\$	\$
	\$	\$
19. Non-Recurring Income (describe)	\$	\$
	\$	\$
20. Child Support Paid For Other Children		
Name/age:	\$	\$
Name/age:	\$	\$
Name/age:	\$	\$
21. Other Children Living In Each Household (First names and ages)		
22. Other Factors For Consideration		

Other factors for consideration (continued)			
Signature and Dates			
I declare, under penalty of perjury under the laws of the State of Washington, the information contained in these Worksheets is complete, true, and correct.			
_____		_____	
Mother's Signature		Father's Signature	
_____		_____	
Date	City	Date	City

Judge/Reviewing Officer

Date

**This worksheet has been certified by the State of Washington Office of the Administrator for the Courts.
Photocopying of the worksheet is permitted.**